

PERSONNEL ACTION NOTICE

Gremlin
Gremlin Industries, Inc.

<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> TERMINATION	EMPLOYEE NO.:
EFFECTIVE DATE:			DEPARTMENT NO.:

NAME:	SOC. SEC. NO.:
ADDRESS:	
PHONE:	BIRTH DATE:
NAME & PHONE OF PERSON TO CALL IN CASE OF EMERGENCY:	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
<input type="checkbox"/> HEALTH INSURANCE <input type="checkbox"/> DEPENDENT COVERAGE <input type="checkbox"/> LIFE INSURANCE	

Employee Status

<input type="checkbox"/> FULL TIME PERM. <input type="checkbox"/> PT. TIME PERM. <input type="checkbox"/> TEMPORARY	
<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	
FROM:	TO:
PAYRATE \$	PAYRATE \$
JOB CLASS	JOB CLASS
DEPT.	DEPT.

REMARKS:

SUPERVISOR'S SIGNATURE:	DATE: 6/24/79
DEPT. MANAGER'S SIGNATURE:	DATE:
PERSONNEL SIGNATURE:	DATE: